

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

132855

State File No.

FILED APR 29 1953		REG. DIST. NO. 34		PRIMARY REG. DIST. NO. 4045		Registrar's No. 11	
1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone			
b. CITY OR TOWN Ashland		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Ashland		0100	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print)		a. (First) John		b. (Middle) Edward		c. (Last) Smith	
4. DATE OF DEATH		(Month) April		(Day) 26		(Year) 1953	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Dec. 23 1953	
9. AGE (In years last birthday) 82		IF UNDER 1 YEAR 4		MONTHS 3		IF UNDER 12 HOURS 3	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Retired		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John B. Smith		13b. MOTHER'S MAIDEN NAME Frances Nichols		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 772		17. INFORMANT'S SIGNATURE OR NAME Frances Christain Ashland mo		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Arteriosclerosis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Hemorrhage DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		331X		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 4-24-53 , 19 53 , to 4-26 , 19 53 , that I last saw the deceased alive on 4-26 , 19 53 , and that death occurred at 11:34 PM , from the causes and on the date stated above.							
23a. SIGNATURE James E. Steffen		(Degree or title) Dr. 2		23b. ADDRESS Ashland, Mo.		23c. DATE SIGNED 4-27-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-28-1953		24c. NAME OF CEMETERY OR CREMATORY New Liberty Cem.		24d. LOCATION (City, town, or county) (State) Ashland Mo.	
DATE REC'D BY LOCAL REG. 4-27-53		REGISTRAR'S SIGNATURE Mr. Melvyn Burnett		25. FUNERAL DIRECTOR'S SIGNATURE W. C. Burnett		ADDRESS Ashland	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1956
MAY 1

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

W. M. C. Burnett

Licensed Embalmer No.

3567

P. O. Address

Aspland, Md.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.